POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| 37 CFR | | ney given in the ap | plication identifie | In the attached | statement under | |
|--|------------|-----------------------|---------------------|-----------------|------------------------|--|
| I hereby | appoint: | | | | | |
| Practitioners associated with the Customer Number: 94518 | | | | | | |
| OR | | L | | | | |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): | | | | | | |
| | Name | Name Registration Nam | | Name | Registration Number | |
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| as attorney(g) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CPR 378(s). | | | | | | |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: | | | | | | |
| | | | | | | |
| The address associated with Customer Number: 94518 | | | | | | |
| OR | | | | | | |
| Firm or Individual Name | | | | | | |
| Address | | | | | | |
| City State Zip | | | | | | |
| • | | State | State | | Zip | |
| Country | | | | | | |
| Telephone Email | | | | | | |
| | | | | | | |
| Assignee Name and Address: | | | | | | |
| Trident Microsystems (Far East) Ltd. Ugland House, South Church Street | | | | | | |
| Grand Cayman, Cayman Islands | | | | | | |
| * | | | | | | |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be | | | | | | |
| filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee. | | | | | | |
| and must identify the application in which this Power of Attorney is to be filed. | | | | | | |
| SIGNATURE of Assignee of Record The indicatual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | |
| Signature | | | | Date Feb- | 9.2010 | |
| Name | David L. T | eichmann | | | 08/764-8808 | |
| Title | | d Director, Trident | Microevetorne /E | | 70/104-0000 | |

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